

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Harischandra K Mhatre	)	
		)	Group Art Unit: (unknown)
Serial No.:	(not yet filed)	)	
		)	Examiner: (unassigned)
Filed:	May , 2003	)	
		)	
For:	Improved Heart Valve	)	
	Prosthesis	)	

**INVENTOR'S DECLARATION AND POWER OF ATTORNEY**

I HEREBY DECLARE THAT:

My residence, mailing address, and citizenship are as stated below.

I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled "Improved Heart Valve Prosthesis", the specification, claims and drawings of which are attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information to the Patent and Trademark Office known to me to be material to the patentability of this application, as defined in Title 37, Code of Federal Regulations, Sec. 1.56.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following as my attorneys or agents with full power of substitution to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

Michael A. Hierl	Reg. No. 29,807	Arne M. Olson	Reg. No. 30,203
Dolores T. Kenney	Reg. No. 31,269	Talivaldis Cepuritis	Reg. No. 20,818
Daniel J. Deneufbourg	Reg. No. 33,675	Seymour Rothstein	Reg. No. 19,369
Joseph M. Kuo	Reg. No. 38,943	Martin J. Corn	Reg. No. 35,847
David A. Gottardo	Reg. No. 46,736	Robert J. Ross	Reg. No. 45,058
		John W. Klooster	Reg. No. 18,953

whose mailing address for this application is:

OLSON & HIERL, LTD.  
20 North Wacker Drive, 36th Floor  
Chicago, Illinois 60606  
Telephone: (312) 580-1180

Full name of SOLE inventor Harischandra K. Mhatre

Citizenship India Residence 503 Debonair, 153-B. Veer Savarkar Marg., Mahim, Mumbai (Bombay) 400 016 India

Mailing Address (If different) \_\_\_\_\_

Inventor's signature: 

X

Date: 8th June 2003

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

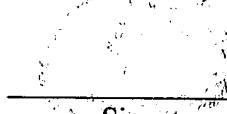
Applicant: Harischandra K Mhatre )  
 ) Group Art Unit: (unknown)  
 Serial No.: (not yet filed) )  
 ) Examiner: (unassigned)  
 Filed: May , 2003 )  
 )  
 For: Improved Heart Valve )  
 Prosthesis )  
 )

**DECLARATION BY INVENTOR UNABLE TO WRITE**

I, Harischandra K. Mhatre, do solemnly and sincerely declare as follows:

1. I am the same Harischandra K. Mhatre who concurrently executed as inventor the accompanying Inventor's Declaration with my left thumb print and an accompanying letter "X" as formed by my left hand.
2. Owing to what I believe to be a stroke, although I am right handed, I am presently unable to sign the accompanying Inventor's Declaration with my signature using my right hand.
3. My abilities to read and to think do not appear to be adversely affected.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

  
 Signature

Harischandra K. Mhatre  
 Printed Name

8th June 2003  
 Date

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Applicant: Harischandra K Mhatre ) ) Group Art Unit: (unknown)  
Serial No.: (not yet filed) ) ) Examiner: (unassigned)  
Filed: May , 2003 ) )  
For: Improved Heart Valve )  
Prosthesis )

**STATEMENT IN SUPPORT OF DECLARATION EXECUTED  
BY INVENTOR UNABLE TO WRITE**

We, the undersigned witnesses, attest and confirm that Harischandra K. Mhatre, known to each of us, did today execute the attached Inventor's Declaration and Power of Attorney by providing as the "Inventor's signature" an imprint of his left thumb followed by the letter "X" formed by his left hand.

We sign this Statement after witnessing this execution as indicated above and we sign this Statement in the presence of Harischandra K. Mhatre and each other.

First Witness: P. H. M. Luttre  
(signature)

India 8th June 2003.  
(citizenship) (date)

Pramila Harishchandra Mhatre

503 Debonair, 163-B.

Relationship: Wife

Mr. S. V. Deshpande, M.A.,  
Mahim, Mumbai

Second Witness: *Saloni*  
(signature)

INDIAN 8th June 2003  
(citizenship) (date)

PADMAKAR KANOBA SAHANT  
(printed name)

(citizenship) (date)

**Before Ma**

BHAGOJI ICEER RD. MAHIM  
(mailing address) MUMBAI - 400016  
INDIA

Third Witness: Syloge  
(signature)

Indian 8<sup>th</sup> June 2003  
(citizenship) (date)  
Moonrao, Pratna Nagal,  
Rabhadri Sos Face, Mumbai 400025  
(mailing address)

NOTA.  
AREA: BOMBAY  
STATE BANK BUILDING  
N.G.N. VAIDYA & CO.,  
BOMBAY - 400023.

P.T.O.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Harischandra K Mhatre ) ) Group Art Unit: (unknown)  
Serial No.: (not yet filed) ) ) Examiner: (unassigned)  
Filed: June , 2003 ) )  
For: Improved Heart Valve )  
Prosthesis )

**DECLARATION BY INVENTOR'S PHYSICIAN**

I, Dr. S. M. Katrak, solemnly state as follows:

1. Harischandra K. Mhatre, who is named as inventor in the present above-identified patent application, is a patient of mine.
2. He has suffered a stroke that has rendered his right hand inoperative and the right side of his body partially paralysed at present.
3. However, his mind and other mental faculties remain functional, operative, and normal, and he is able to carry out various mental activities like including reading and thinking normally. He needs some help in carrying out the physical activities of daily living like walking, bathing etc. in his residence.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

 Dr. S.M. KATRAK  
B. No. 217, Jaslok Hospital,  
Dr. G. Deshmukh Marg,  
Mumbai - 400 026.  
Signature

Dr. S. M. Katrak

Printed Name

Date